

## Coaches Application

### I. Background Check

Full Name \_\_\_\_\_ Alias/Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### II. Contact Information

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

### III. Youth Sport Information

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Age/Grade Level \_\_\_\_\_

Name of Sport \_\_\_\_\_ Child's Name \_\_\_\_\_

Assistant Coach's Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Previous Coaching/Officiating Experience: Please include all sports and dates of coaching

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References of previous coaching experience (Please list 3 if applicable)

1. Name \_\_\_\_\_ Number (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Number (\_\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Number (\_\_\_\_\_) \_\_\_\_\_

### IV. Certifications

Are you First Aid Certified? Y/N \_\_\_\_\_ Expiration \_\_\_\_\_

Are you CPR Certified? Y/N \_\_\_\_\_ Expiration \_\_\_\_\_

Please list any Other Certifications and Expiration: This can be for either health or sports

\_\_\_\_\_  
\_\_\_\_\_

### V. Youth Sports Consent and Agreement

Lincoln County Parks & Recreation Board of Directors must approve each youth sports coach. Coaches must be at least 18 years of age and have a background check. All coaches must be of unquestionable repute, with high moral standards and sound character. You must abide by the youth sports specific rules, policies, and code of conduct. If you violate or fail to comply with the rules, policies, or code of conduct, you will be released of your voluntary coaching duties and responsibilities without warning. There is no appeal process.

Signature \_\_\_\_\_ Date \_\_\_\_\_